FORM PTO-875 (Rev 10-03)

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Ŀ	PATENT APPLICATION FEE DETERMINATION RECC Effective October 1, 2003								10808915					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN			
	FOTAL CLAIM	S	22					RATE	FEE	7	RATE	FEE		
ľ	OR .	NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.0	OR	BASIC FEE	770.00			
1	OTAL CHARG	22 minus 20=		. 2			XS 9-	18	OR	X\$18=				
ÍA	IDEPENDENT (CLAIMS	: minus 3 =		. 8			X43=	- -	OR	X86=			
	MULTIPLE DEPENDENT CLAIM PRESENT							+145=	,	OR	+290=			
•	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	392	OR	TOTAL			
4	17/06	(Column 1)	AMENDE	MENDED - PART II (Column 2) (Column 3)			•	Smal	L ENTITY	ÖR	OTHER SMALL			
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE		
	Total	. 22	Minus		D	- 7		X\$ 9=		OR	X\$18=			
	Independent	• /	Minus	m, 2	3	- 0		X43=	TX	OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	7	OR	+290=			
								TOTA		OR	TOTAL ADDIT, FEE			
_	(Column 1) (Column 2) (Column 3)													
AMENDMENT B	3/29/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EA USLY	PRESENT EXTRA	ŀſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 19	Minus	- 2	2	- O_	lΓ	X\$ 9=	1	OR	X\$18=			
	Independent	NTATION OF MI	Minus	DCNDCNT	3	- 0		X43=	1	OR	X86=			
	· ·	INTATION OF ME		PENUENT	CCAIM	. <u></u>	۱ [+145=		QR	+290=			
	•						i AE	TOTAL		OR	TOTAL ADDIT. FEE			
	·	(Column 1)	,	(Colum	n 2)	(Column 3)			•		•			
AMENDM:NI C	`	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL PAID FO	st er <i>I</i> sly	PRESENT EXTRA	ŀſ	RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE		
٤	Total	i	Minus	••		2	T	X\$ 9=	1	OR	X\$18=	<u></u>		
	independent	ŧ	Minus	640		•	\vdash	X43=	 		X86=			
: [FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	LAIM		H			OR				
۱۱ •	the entry in color	nn 1 is less than the	entry in cohe	ng 2 with T	' in one	imo 3	Ŀ	145=		OR	+290=	م م		
#	the "Highest Nur the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS d For IN THIS	SPACE IS IN	ese then ess than	20, enter "20." 3, outer "3."		TOTAL OIT. FEE In the ap	propriate box	•	TOTAL DOIT. FEEL MIN 1.			

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